



Date Completed: _____

MRN: _____

DOB: _____

Main Campus: 3025 SW Corbett Ave. Portland, OR 97201
NUNM Information Center: 503-552-1551

PATIENT'S RIGHTS AND RESPONSIBILITIES

Awareness of patients' rights has been heightened with the rise in health care consumerism. An increase in patient participation in the patient doctor encounter has evened the power relationship with patients demanding the right to become more involved in their own health care decisions.

This has led to more patient autonomy, a more egalitarian relationship, and active participation by patients in making decisions about their health care. The conventional model where the doctor "always knows best" no longer goes unchallenged. Relinquishing power to patients includes acknowledging a patient's bill of rights.

Patient's Bill of Rights

- A patient and/or his/her legal representative has the right to:
- Receive information regarding procedures, risks and alternatives, and receive answers to questions with respect to treatment;
- Refuse treatment and accept the potential consequences of that choice after thorough explanation;
- Expect reasonable safety insofar as the physical health care environment is concerned;
- Be interviewed and examined in surroundings that permit reasonable visual and auditory privacy;
- Have another person present during examination and/or treatment;
- Expect that all communications and records pertaining to their care should be treated as confidential;
- Receive complete, current information concerning diagnosis, treatment, and prognosis in terms reasonably understood;
- Know the identity and professional status of the individual providing service to them and know who has the primary responsibility for coordinating their care;
- Expect reasonable continuity of care;
- Be fully advised of and accept or refuse to participate in any research project and/or Oregon Board of Naturopathic Medicine (OBNM) approved investigational procedure(s);
- Receive and examine an explanation of charges for services rendered;
- Receive considerate and respectful care;
- Expect not to be denied treatment solely on the basis of race, color, religion or sexual preference.



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Patient's Responsibilities

- A patient and/or his/her legal representative has the responsibility to:
- Be honest and forthright with the doctor and office staff and to provide accurate and complete information about present complaints, past illnesses, accidents, hospitalizations, medications and any other information related to his/her health;
- Report to the doctor in a timely manner any new incident, trauma or changes in his/her health condition; including any changes or additions to medications, outside treatment, or other providers;
- Report to the doctor immediately if becomes pregnant or suspects they could be;
- Request a chaperone if concerned about any examination or procedure;
- Timely report to the doctor any changes in contact information;
- Acknowledge and follow instructions provided by the doctor and/or office staff;
- Notify the doctor if any aspect of your care not fully understood and ask for additional information or clarification;
- Keep scheduled appointments or give adequate notice of delay or cancellation;
- Treat doctors and office staff with respect and courtesy.

*In order to provide you with the best recommendations and evaluate contraindications to care, it is critical you provide us with complete and accurate information about your medical history, symptoms, medications and changes in condition or symptoms. In some instances, it is important we coordinate your care with your other providers, and/or refer you to other specialists. Considering the above items, lack of cooperation may cause endangerment to the patient's health and/or impaired results of care. Physical Medicine providers have the right to select their cases and patients. It is permissible for the doctor to discontinue treatment of a patient when the patient fails to cooperate in an agreed upon plan of management.

AUTHORIZATION: *I acknowledge that I have reviewed and agree to the above.*

Signature of Patient, Parent, or Legal Guardian

Date